10/523450

| PATENT APPLICATION FEE DETERMINATION RE<br>Effective December 8, 2004   |  |   |  |                                     |                            |                                     |       | ORD                                     | Pi                     | pplication or Docket Number |                     |                        |
|---|--|---|--|-------------------------------------|----------------------------|-------------------------------------|-------|---|------------------------|-----------------------------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column   |  |   |  |                                     |                            | (Column 2)                          |       | SMALL EN                                |                        | OR                          | OTHER<br>SMALL      |                        |
| U.S. NATIONAL STAGE FEES  |  |   |  |                                     |                            |                                     |       | RATE                                    | FEE                    | 1                           | RATE                | FEE                    |
| BASIC FEE   |  |   | SMALL ENT  | SMALL ENT. = \$ 150                 |                            | GE ENT. = \$ 300                    |       | BASIC FEE                               |                        | OR                          | BASIC FEE           | 200                    |
| EXAMINATION FEE   |  |   |  | CT Article 33(1)-<br>\$ 50 / \$ 100 |                            | ther situations = 100 / \$ 200      |       | EXAM. FEE                               |                        | 1                           | EXAM. FEE           | 100                    |
| SEARCH FEE  |  |   | U.S. is ISA = \$ 50 / \$ 100<br>ALL other countries =<br>\$ 200 / \$ 400 |                                     |                            | ther situations =<br>3 250 / \$ 500 |       | SEARCH FEE                              |                        |                             | SEARCH FEE          | 200                    |
| FEE FOR EXTRA SPEC. PGS.  |  |   | minus 100 =  |                                     | / 50 =                     |                                     |       | X \$ 125 =                              |                        |                             | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | 25 minus 20 = .  |                                     |                            |                                     |       | X \$ 25 =                               |                        | OR                          | X \$ 50 =           | • •                    |
| INDEPENDENT CLAIMS  |  |   | 3 "  | ninus 3 =                           | •                          |                                     |       | X \$ 100 =                              |                        | ÓR                          | X \$ 200 =          |                        |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PR                             | ESENT  |                                     |                            |                                     |       | + \$ 180 =                              |                        | OR                          | + \$ 360 =          |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |  |                                     |                            |                                     | TOTAL |   | OR                     | TOTAL                       | 600                 |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) YE A (Column 2) (Column 3)  |  |   |  |                                     |                            |                                     | are s | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                        |                             |                     |                        |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENOMENT           |  | NUMBE<br>PREVIOUS<br>PAID FO        |                            | PRESENT<br>EXTRA                    |       | RATE                                    | TIONAL<br>FEE          |                             | RATE                | TIONAL<br>FEE          |
|   | Total  | -20                                       | Minus  | - X                                 | )                          | = 0                                 |       | X \$ 25 =                               |                        | OR                          | X \$ 50 =           | NO                     |
| AME   | Independent                                    | • 3                                       | Minus  | -3                                  | )                          | • O .                               |       | X \$ 100 =                              |                        | OR                          | X \$ 200 =          | FEE                    |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                     |                            |                                     |       | + \$ 180 =                              |                        | OR                          | +\$ 360 =           | DE                     |
|   |  |   |  |                                     |                            |                                     |       | FEE                                     |                        | OR                          | TOTAL ADDIT.<br>FEE | -0                     |
|   | ·  | (Column 1)                                |  | (Colum                              | on 21                      | (Column 3)                          |       |   |                        |                             |                     |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGH<br>NUM<br>PREVIC<br>PAID  |                                     | EST IER PRESENT USLY EXTRA |                                     | ſ     | RATE                                    | ADDI-<br>TIONAL<br>FEE |                             | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus  | ••                                  |                            | =                                   | Γ     | X \$ 25 =                               |                        | OR                          | X \$ 50 =           |                        |
| AME   | Independent                                    | •   | Minus  | ***                                 |                            | = .                                 |       | X \$ 100 =                              |                        | OR                          | X \$ 200 =          |                        |
|   | FIRST PRESE                                    | ENTATION OF M                             | JLTIPLE DEPENDENT CLAIM  |                                     |                            | [                                   | ſ     | + \$ 180 =                              |                        | OR                          | + \$ 360 =          |                        |
|   |  |   |  |                                     |                            | <del></del>                         | 7     | OTAL ADDIT.                             |                        | OR                          | TOTAL ADDIT.<br>FEE |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Pald For" IN THIS SPACE is less than "20", enter "20".  *** If the "Highest Number Previously Pald For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Pald For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |  |                                     |                            |                                     |       |   |                        |                             |                     |                        |